

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/392 550

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2				1		1
3				2		2
4				2		2
5				2		2
6				2		2
7				2		2
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				2		2
14				1		1
15				1		1
16				1		1
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
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37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43				1		1
44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
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98						
99						
100						
TOTAL IND.	7		7			
TOTAL DEP.	51		51			
TOTAL CLAIMS	58		58			